

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18						
19						
20						
21	1					
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34	4					
35						
36	1					
37	1					
38	1					
39	1					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	13					
TOTAL CLAIMS	47					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
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95					
96					
97					
98					
99					
100					
TOTAL IND.	1				
TOTAL DEP.					
TOTAL CLAIMS					